NOMINATION / APPLICATION FORM

MASTER OF PUBLIC HEALTH

2022-24

(To be filled in by the nominee / applicant in capital letters)

NAME & SURNAME: ___________________________________________________________

GENDER: M ☐ F ☐ AGE: __________ DATE OF BIRTH: ________ NATIONALITY: __________

ACADEMIC BACKGROUND

<table>
<thead>
<tr>
<th>Level of academic qualification</th>
<th>Name of the Degree</th>
<th>Subject/Stream</th>
<th>Board/University</th>
<th>College/Institution of Affiliation</th>
<th>Year of Passing</th>
<th>Final Percentage/Grade/class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class X</td>
<td>N/A</td>
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<tr>
<td>Class XII</td>
<td>N/A</td>
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<tr>
<td>Bachelors/Undergraduate Degree</td>
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<tr>
<td>Masters/Post Graduate Degree or any other equivalent qualification</td>
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<td>Any additional Qualification/Training</td>
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PG ENTRANCE
Have you given any PG entrance exam? Yes □ No □
- If answered yes to previous question
  • Full name of entrance exam ____________________________
  • Year of appearance in exam _______________
  • State (if specific to any state) ____________________
  • Score (percentage/percentile) _______________

WORK EXPERIENCE* (Internship not to be counted in experience)
Total work experience in years: ___________________________________________________________

<table>
<thead>
<tr>
<th>Duration of Employment</th>
<th>Name of Organization</th>
<th>Designation</th>
<th>Roles/Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
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<tr>
<td>Past</td>
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</table>

*To be submitted by relevant certificate clearly mentioning the duration of work.
LIST OF RECENT ACADEMIC AWARDS/ ACHIEVEMENTS (Including publications/presentation)

EXTRA CURRICULAR ACTIVITIES

Do you belong to SC/ST/OBC/PH? : Yes/ No
(If Yes, please specify category ______________________, please attach self-attested copy of the certificate)

ENCLOSURES: (Please do not send any original certificates-they are to be produced only at the time of personal interview):

- Application fee of Rs.500/- (US$10 for international & SAARC candidates) drawn on Indian Institute of Public Health Gandhinagar to be paid along with the application form. (send your payment Ref. No & Receipt No. on contact@iiphg.org)
- Necessary copies of all academic statements from class X onwards and PG entrance exam results
- Copy of resume/ curriculum vitae
- Contact details of three referees: two academic + one professional (if some work experience)
- Statement of purpose (This needs to be a 450-600-word summary, written completely by the candidate, stating professional goals and career plans, including plans and expectations in pursuing MPH Programme)


* THE LAST DATE FOR ACCEPTING APPLICATIONS IS 31st May 2022.

Source of information about MPH Course in IIPHG: _________________________________________________

APPLICANT’S ADDRESS
FOR COMMUNICATION: ____________________________________________

__________________________________________

CITY: ____________________________________________

COUNTRY: ____________________________________________

PINCODE: ____________________________________________

PHONE (Residence): ____________________________________________

FAX: ____________________________________________

MOBILE: ____________________________________________

EMAIL: ____________________________________________

Date: ___________________________ Signature ___________________________

Nomination / Application form with required documents should be posted to:

Assistant Registrar (Academic Programs)

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
University established under IIPHG Act 2015 of Gujarat State
Opposite Air Force Head Quarters, Near Lekawada Bus stop,
Gandhinagar-Chiloda Road, Lekawada, CRPF.P.O, Gandhinagar - 382042, Gujarat, INDIA
Phone No :079-66740700; E-mail: mph_admission@iiphg.org, contact@iiphg.org